

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42372

State File No. \_\_\_\_\_  
Registrar's No. 10860

FILED DEC 27 1949

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>44 years</i>		d. STREET ADDRESS (If rural, give location) <i>3800<sup>a</sup> Neeshuk Street</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3800<sup>a</sup> Neeshuk Street</i>		e. STREET ADDRESS <i>3800<sup>a</sup> Neeshuk Street</i>	
3. NAME OF DECEASED a. (First) <i>Sarah</i> b. (Middle) <i>Gynn</i> c. (Last) <i>Cooke</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>December 16, 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 24, 1857</i>
9. AGE (in years last birthday) <i>91</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>England</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Higginbochen</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Alfred D. Cooke</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alfred D. Cooke 3800<sup>a</sup> Neeshuk</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterio Sclerotic Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i> ANTECEDENT CAUSES DUE TO (b) <i>Senility</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <i>None</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4207</i>	
22. I hereby certify that I attended the deceased from <i>5-15</i> , 19 <i>44</i> , to <i>12-16</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>14</i> , 19 <i>49</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. B. Rosenberg M.D.</i>		23b. ADDRESS <i>4209<sup>E</sup> Kingshighway</i>	23c. DATE SIGNED <i>12-17-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 19, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
DATE REC'D BY LOCAL REG. <i>DEC 17 1949</i>	REGISTRAR'S SIGNATURE <i>S. S. S. S.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Beidenwieden F. T. Inc.</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. M. B. Rosenberg  
4209 S. Kingshighway

1.00 to 4.00 P.M.

Islanders 3400.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.